PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifica	tions.	nerwise in Block 1, by (a					• •		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
29737	7590 09/07	//2006	i	have	its own certificate	of mai	ling or transmission.	t of formal drawing, in	
SMITH MOOI		,2000	,	[har	Cert	ificate	of Mailing or Transn	ission	
P.O. BOX 21927					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
GREENSBORO, NC 27420					mitted to the USP	O (57	1) 273-2885, on the da	te indicated below.	
			, ,			***		(Depositor's nar	
					· · · · · · · · · · · · · · · · · · ·			(Signatu	
	,		l					(Da	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
08/650,709	05/20/1996		DETLEF ALBIN	•		50	03073.068US1	2931	
TITLE OF INVENTION	I: DEVICE AND A PRO	CESS FOR COARSELY	GRINDING HYDRO	US P	OLYMER GELS				
			i.						
A DDI N. TWDT			Г			Т	*		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0		\$0		\$1400	12/07/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS					•	
	CLARK F	3724	083-037000				-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Smith Moore LLP									
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,								110010 1101	
	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	r typ	e)				
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee pletion of this form is NO	data will appear on th	e pa	tent. If an assign	e is id	entified below, the do	cument has been filed	
(A) NAME OF ASSI		picaon of ans form is 140	(B) RESIDENCE: (C						
Stockhausen GmbH Krefeld, GERMANY									
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
Please check the appropr	riate assignee category of	categories (will not be pi	rinted on the patent):		Individual Co	rporati	on or other private grou	up entity Governm	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee A check is encl Publication Fee (No small entity discount permitted) Payment by cre					f Form PTO-2038	is atta	ched		
Advance Order -	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502190 (enclose an extra copy of this form).								
5. Change in Entity Sta	itus (from status indicate	d above)	Overpayment, to D	сро	sit Account Numbe	* _50	// (enclose an	exua copy of this form	
a. Applicant claim	ns SMALL ENTITY stat	us. See 37 CFR 1.27.					TITY status. See 37 CF		
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United St	uired) will not be accepte ites Parent and Trademark	d from anyone other the Office.	an tl	ne applicant; a regi	stered a	ttorney or agent; or the	e assignee or other party	
	[//	- /hu ()			11	12.	2//		
Authorized Signature	- Phily	1/1/			Date		1/06		
Typed or printed name	ne Philip	P. McCann			Registration N	o	30,919		
This collection of inform	nation is required by 37 (CFR 1.311. The information of the Country of the Country of the Country of the CFR of th	on is required to obtain	or r	etain a benefit by t	he publ	ic which is to file (and	by the USPTO to proce	
submitting the complete	d application form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR EUSPTO. Time will vary urden, should be sent to the DNOT SEND FEES OR	depending upon the ince Chief Information O	ndiv ffice	idual case. Any co	mment Traden	s on the amount of time	ne you require to compare the remaining of Commerce P	
Box 1450 Alexandria	Jirginia 22313-1450 De	NOT SEND FEES OF	COMPLETED FORM	OT 2	THIS ADDRESS	CENI	TO: Commissioner f	or Patente DO Roy 14	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.